

ORAL PRESENTATION

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The impact of scoliosis detection circumstances on the referral patterns in orthopaedics

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Introduction

The literature on efficiency of school scoliosis screening programs (SSSP) discusses the potential benefit of the awareness of health professionals and parents for early detection of scoliosis, as an alternative to mass screening of school children, for proper management of scoliosis patients. This hypothesis was examined in a community without SSSP by analyzing the impact of the professional status of the person involved in scoliosis detection on the appropriateness of referral.

Materials and methods

345 consecutive patients referred to an orthopaedist for suspected scoliosis at a major hospital in Canada were interviewed to characterize the originator of the detection of their scoliosis: Lay person (family/patient), Allied health (physical therapist, chiropractor, osteopath, sport instructor), General practitioner, and Specialist. Patients were then classified according to the timing of their referral.

Results and discussion

136/345 patients (39%) were considered as referred inappropriately since they presented a Cobb angle lower than 11°, 61 (18%) met the indications of immediate bracing or surgery and were considered as late referrals. The appropriateness of referral was associated to the professional status of the originator of the scoliosis detection: $\chi^2=17.7$, $p=0.007$ (Table 1). The presence of scoliosis was first suspected by lay persons in 53% (181) of cases. Referral profiles were similar for Lay persons and Allied health including late referrals in one fifth of patients. Late referrals were much less likely to

occur in cases detected by physicians, with Specialists presenting the highest rate of appropriate referrals. However, over-referral was more frequent in physicians, especially for General practitioners.

Conclusion

The professional status of persons involved in scoliosis detection has an impact on the appropriateness of referral. In consequence, increased awareness of scoliosis detection methods by persons involved in child health may favour appropriateness of referral. Guidelines dissemination may be useful to decrease over-referral and improve referral timing in absence of school scoliosis screening programs.

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Table 1 Association between the professional status and appropriateness of referral

	Inappropriate referral	Late referral	Appropriate referral	Total
Lay person	63 (34.8%)	44 (24.3%)	74 (40.9%)	181 (100%)
Allied health	15 (35.7%)	9 (21.4%)	18 (42.9%)	42 (100%)
General practitioner	24 (52.2%)	3 (6.5%)	19 (41.3%)	46 (100%)
Specialist	34 (44.7%)	5 (6.6%)	37 (48.7%)	76 (100%)
Total	136 (39.4%)	61 (17.7%)	148 (42.9%)	345